| Recipient Committee | | · | · · · · · · · · · · · · · · · · · · · | | ER PAGE - LONG FO |
|--|--|---|---------------------------------------|------------------------------|--|
| Campaign Statement | | | Date Stamp | 1 3 4 | |
| (Government Code Sections 84200 - 84216.5) | | · Andricks | JUL 29 2 | 1005 | Page 1 of 14 |
| | Statement covers period | Date of Election if applicable: | مد و هسستان باد اد | ! | A For Official Use Only |
| • | from <u>01/01/2005</u> | (Month, Day, Year) | Clarick | 9 | ADIMINA |
| Date Statement Date Statement Date Statement Date Statement Date D | ORIGINAL | | | | |
| 1. Type of Recipient Committee: | • | 2. Type of State | ment: | | |
| O State Candidate Election Committee O Recall O C O S General Purpose Committee O Sponsored O Small Contributor Committee | rimarity Formed controlled consored arily Formed Candidate | ☐ Pre-election Statem ☐ Semi-annual Statem ☐ Termination Statem | ent nent ent | ☐ Special | l Odd-Year Report mental Pre-election |
| 3. Committee Information | · · | Traccurate | | | |
| | 1243639 | ' ' | | _ | |
| Bill Campbell for Supervisor | | Barrett Garcia | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | |) | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | | | ZIP CODE | AREA CODE/PHONE |
| STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | NAME OF ASSISTANT TREASURER, IF A | WY | | |
| CITY | | STREET ADDRESS | | | |
| STATE ZIP | CODE AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| () / | | OPTIONAL: FAX/E-MAIL ADDRESS | | | () |
| I have used all reasonable diligence in preparing and re is true and complete. I certify under penalty of perjury to true and certification and certifica | By SIGNATURE OF CONTROLLING By SIGNATURE By SIGNATURE | ANATURE OF TREASURER OR AS | SURE PROPONENT OR RES | PONSIBLE OFFICI PROPONENT | |
| VCCW - PUSC10050262217 (Pay 0/00) | | CAN | UIUNIE, SIAIE MEASURE I | *HOPONENT | |

Recipient Committee Campaign Statement Cover Page - Part 2

| COVE | R PAGE - I | PART 2 |
|----------------|------------|--------|
| CALIFO FORM | rnia 4 | 60 |
| | | |
| Page | 2 of | 14 |

| . Officeholder or Candidate Contr | olled Committee | 6. Ballot Measure Com | mittee | |
|--|-------------------------------|--|-------------------------------|------------------|
| NAME OF OFFICEHOLDER OF CANDIDATE | | NAME OF BALLOT MEASURE | | |
| Bill Campbell | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF A | APPLICABLE) | BALLOT NO. OR LETTER JURISDICTION | | SUPPORT |
| County Supervisor, District 3, Orange | ge County | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY | STATE ZIP CODE | Identify the controlling officeholder, | candidate, or state measure n | |
| | | NAME OF OFFICEHOLDER, CANDIDATE OR, PROF | | oponong ir arry. |
| Related Committees Not Included in this Statem | ent: List any committees | | | |
| not included in this consolidated statement that are controlled formed to receive contributions or to make expenditures on b | by you or which are primarily | OFFICE SOUGHT OR HELD | DISTR | ICT NO. IF ANY |
| COMMITTEE NAME | I.D. NUMBER | 7. Primarily Formed Co | mmittee | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |
| | | | | OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |
| | | | | OPPOSE |
| CITY STATE ZI | P CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |
| | | | | OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |
| NAME OF TREASURER | | | | OPPOSE |
| WILL OF TREASURER | CONTROLLED COMMITTEE? | | | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | L | | | |
| YTK STATE ZII | CODE AREA CODE/PHONE | | | |

Campaign Disclosure Statement Summary Page

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

LD. NUMBER

| Contributions Received | · · · · · · · · · · · · · · · · · · · | | 1243639 |
|--|--|--------------------------------------|---|
| Colimbutions Mecelded | COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | COLUMN B CALENDAR YEAR TOTAL TO DATE | Calendar Year Summary for Candidates Running in Both the State Primary and |
| 1. Monetary Contributions Schedule A, Line 3 | 9,950.00 | \$9,950.00 | General Elections |
| 2. Loans Received Schedule B, Line 7 | 0,00 | 0.00 | 1/1 through 6/30 7/1 to Date |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$9,950,00 | \$9,950.00 | 20. Contributions Received \$0 0 |
| 4. Non-monetary Contributions Schedule C, Line 3 | | 0.00 | 21. Expenditures Made 9 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 9,950.00 | | Made |
| Expenditures Made | | | Expenditure Limit Summary for State |
| 6. Cash Payments Schedule E, Line 4 | | \$ 34,338.71 | Candidates |
| 7. Loans Made Schedule H, Line 7 | 0.00 | 0.00 | 22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit) |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$34,338.71 | \$34,338.71 | (if Subject to Voluntary Expenditure Limit) |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | (446.11) | 0.00 | Date of Election Total to Date (mm/dd/yy) |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 | |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | | | |
| Current Cash Statement | | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | 63,610.64 | | |
| 13. Cash Receipts Column A, Line 3 above | 9,950.00 | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 | | |
| 15. Cash Payments Column A, Line 8 above | 34,338.71 | | |
| 16. ENDING CASH BALANCEnes 12 + 13 + 14, then subtract Line 15 | \$ 39,221.93 | | |
| If this is a Termination Statement, Line 16 must be zero. | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) | \$0.00 | | |
| Cash Equivalents and Outstanding Debts | | | |
| 18. Cash Equivalents | .\$0.00 | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column C above | \$0.00 | | |

Schedule A **Monetary Contributions Received**

Statement covers period CALIFORNIA. FORM 01/01/2005 through 06/30/2005

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243630

| | | | | 1243639 | | | |
|------------------|---|-----------------------|--|--------------------------------|---|------------------------------------|-------|
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) | |
| 01/10/2005 | | IND COM OTH PTY SCC | | 500.00 | 500.00 | 500.00 | (P08) |
| | B.I.A. of Southern California Political Action Committee | IND COM OTH PTY SCC | ID# 741733 | 1,500.00 | 1,500.00 | 1,500.00 | (P08) |
| 06/27/2005 | Committee | IND COM OTH PTY SCC | ID# 760951 | 1,400.00 | 1,400.00 | 1,400.00(| (P08) |
| 02/25/2005 | Federal Disposal Service | IND COM OTH PTY SCC | | 1,400.00 | 1,400.00 | 1,400.00(| (P08) |
| 01/10/2005 | GC Services | IND COM OTH PTY SCC | | 500.00 | 500.00 | 1,000.00(| (P08) |
| | | | SUBTOTAL \$ | 5,300.00 | | | |

Monetary Contributions Summary

- 1. Amount received this period contributions of \$100 or more.
- 2. Amount received this period contributions of less than \$100.
- 3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (cont.)

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

1243630

| | | | T | | | 1243 | 3639 | |
|------------------|--|------------------------|---|--------------------------------|----------------------------|-------|--|-------|
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE T CALENDAR Y | YEAR | PER ELECTION TO DATE (IF REQUIRED) | |
| | E.G. Hirschman | ☐ COM | Attorney Rutan & Tucker | 250.00 | 25 | 50.00 | 250.00 | (P08) |
| | James W. Ray | COM | Real Estate Developer Sanderson J. Ray Development | 1,500.00 | 1,50 | 00.00 | 1,500.00 | (P08) |
| | | COM OTH PTY SCC | President Townsend Public Affairs | 1,500.00 | 1,50 | 00.00 | 1,500.00(| (P08) |
| 01/28/2005 | Waste Management-Western Group and Waste Management | IND COM SE OTH PTY SCC | | 1,400.00 | 1,40 | 00.00 | 1,400.00(| (P08) |
| | | IND COM OTH PTY SCC | | | | | | |
| | | IND COM OTH PTY SCC | | | | | | |

SUBTOTAL \$

4,650.00

| Schedule E Payments Made | | | Statement covers period from01/01/2005 | california 460 |
|---|--|--|--|---|
| NAME OF FILER Bill Campbell, Bill Campbell fo | r Super | visor | through_06/30/2005 | Page 6 of 14 |
| CORFO | | | | 1243639 |
| CTB contribution (explain nonmonetary)" CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense PRO | member commeetings and office expens petition circuphone banks polling and supostage, deli | nmunications d appearances ses lating | RAD radio airtime and returned contribution SAL campaign worke TEL t.v. or cable airtime TRC tandidate travel, TRS tansfer between TSF transfer between toter registration | utions rs salaries me and production costs lodging and meals (explain) el, lodging and meals (explain) committees of the same candidate/soose |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER | | | | |
| Aliso Viejo Republican Women's Federated | PRT | OR D | ESCRIPTION OF PAYMENT | AMOUNT PAID |
| | | | | 150.00 |
| Bill Campbell | TRC PHO OFC LIT | 382.60 289.01 363.46 533.61 | | 1,568.68 |
| C.W.L.A. | CVC | | | 250.00 |
| | | | OUDTO | |
| Schedule E Summary | | | SUBTO | TAL \$ 1,968.68 |
| Payments made this period of \$100 or more. (Include all Unitermized payments made this period of under \$100 Total interest paid this period on outstanding loans. (Ente Total payments made this period. (Add Lines 1, 2, and 3) | r amount | from Schedule R. Dort 3 | , Column(d).) | \$ 34,094.41 \$ 244.30 \$ 0.00 |

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL

Schedule E (Continuation Sheet) **Payments Made**

SCHEDULE E (CONT.) Statement covers period CALIFORNIA

FORM 01/01/2005

through 06/30/2005

I.D. NUMBER 1243639

NAME OF FILER Bill Campbell,

campaign literature and mailings

Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense

MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging and meals (explain) TRS staff/spouse travel, lodging and meals (explain) transfer between committees of the same candidate/sponsor VOT voter registration

| int ads | WEB information technology | costs (internet, e-mail) |
|---------|-------------------------------|---|
| | | |
| | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
| MTG | | 750.00 |
| | | |
| MTG | ONTH OF OFFICE CEREMONY COSTS | 2,178.87 |
| | | |
| CNS | 5 080 00 | |
| FND | 9,510.18 | 14,600.08 |
| | • | |
| OFC | | 186.41 |
| | | |
| | | |
| | CODE MTG | CODE OR DESCRIPTION OF PAYMENT MTG MTG CNS 5,089.90 9,510.18 |

| Schedule E (Continuation Sheet) Payments Made | | Statement covers period from 01/01/2005 | CALIFORNIA 460 |
|---|--|---|---|
| NAME OF FILER Bill Campbell, Bill Campbe | Ande Bill Campbell, Bill Campbell for Supervisor e of the following codes accurately describes the payment, you may enter the code. Otherwise, describentalia/misc. sultants Apple member communications MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating | | Page 8 of 14 |
| CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member communications MTG meetings and appearances OFC office expenses | RAD radio airtime and returned contribut SAL campaign workers t.v. or cable airtim TRC candidate travel, I STAT TRS staff/spouse traver transfer between voter registration | tions s salaries ne and production costs lodging and meals (explain) al, lodging and meals (explain) committees of the same candidate/sponsor |

| NAME AND ADDRESS OF PAYEE OR CREDITOR | L | | |
|--|------|---------------------------|-------------|
| (IF COMMITTEE, ALSO ENTER I.D. NUMBER | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Barrett Garcia | PRO | | 1,337.50 |
| | | | |
| Huntington Harbour Republican Women Foundation | CVC | | 541.00 |
| Irvine Children's Fund | CVC | | 500.00 |
| MADD | PRT | | 275.00 |
| | | | |

Schedule E (Continuation Sheet) Payments Made

Statement covers period

from 01/01/2005

FORM 460

through 06/30/2005

nge 9 of 14

SCHEDULE E (CONT.)

I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees

CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense

LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers salaries
TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE OR CREDITOR | | | | |
|--|------------|--------|------------------------|-------------|
| (IF COMMITTEE, ALSO ENTER I.D. NUMBER | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| NSON Opinion Research | POL | | | 7,900.00 |
| | | | | |
| | | | | |
| Orange County Federation of Republican Women | CVC PRT | 80.00 | | 230.00 |
| | PRI | 150.00 | | |
| | | | | |
| Orange Park Acres Association | CVC | | | |
| | I CVC | | | 200.00 |
| | | | | |
| | | | | |
| range Senior Center | cvc | | | 150.00 |
| | | | | 150.00 |
| | | | | |
| | | | | |

SCHEDULE E (CONT.)

| Schedule E (Continuation Sheet) Payments Made NAME OF FILER Bill Campbell, Bill Campbe | | | | | from 0 | 1/01/2005 6/30/2005 | | 10 of | 0 |
|--|--|--|------------------------------|-------------|--|--|--|--|--------|
| CODES: If one of the following codes accurately descent campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings | MBR me MTG me OFC off PET pe PHO ph POL pol POS po | ember commu setings and ap ice expenses tition circulatir one banks tling and surve stage, deliver ofessional sen | nications pearances ng | | RAD RED SAL TEL TRC TRS TSF VOT | radio airtime and returned contribu campaign worker t.v. or cable airtim candidate travel, staff/spouse trave transfer between | tions s salaries ne and product lodging and r st, lodging anc committees o | ction costs neals (explain) d meals (explain) of the same candida | ate/sp |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER | | CODE | OR | | | | | · | |
| Republican Party of Orange County | | MTG | - On | DESCRIPTION | N OF PAYMENT | | | 1,150.0 | 00 |
| S.A.P.O.A Widows & Orphans Fund | | cvc | | | | | | 150.0 | 00 |
| Shadybrook Memorial Fund | | CVC | | | | | | 500.0 | 00 |
| Sister's Fund For Youth | | CVC | | | | | | 500.0 | 00 |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

LD. NUMBER

1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

MBR member communications

MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging and meals (explain) FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging and meals (explain) independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE OR CREDITOR | | | | | | | |
|---------------------------------------|------|---------------------------|-------------|--|--|--|--|
| (IF COMMITTEE, ALSO ENTER I.D. NUMBER | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID | | | | |
| Tustin Chamber of Commerce | CVC | | | | | | |
| | | | 152.00 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Tustin Public Schools Foundation | CVC | | 500.00 | | | | |
| | | | 300.00 | | | | |
| | | | | | | | |
| | | | | | | | |
| Villa Park Florist | | | | | | | |
| VIIIa Faik Florist | OFC | | 324.87 | | | | |
| | | | | | | | |
| | | | · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| SC | | | - 11 | _ | • |
|----|----|--------|------|---|---|
| | пг | - 1 71 | | _ | _ |

| Schedule F | | | | | SCHEDULE |
|--|---|---|---|--|--|
| ccrued Expenses (Unpaid Bills) | | | Statement con | vers period 01/2005 | $\frac{100000}{460}$ |
| · | | | | 01/2003 | |
| ME OF FILER Rill Campbell Rill Campbell | | | through 06/ | 30/2005 Page | 12 of 14 |
| MEOFFILER Bill Campbell, Bill Campbe | ell for Supervisor | | | 1.D. NL | |
| ODEO | | | VI | 124 | 13639 |
| ODES: If one of the following codes accurately described | ribes the payment, you may | enter the code. Othe | erwise, describe the | payment. | |
| IP campaign paraphernalia/misc. S campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* Glegal defense campaign literature and mailings | MBR member communications meetings and appearances office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal print ads | h Senger services | RAD ra RFD ra SAL ca TEL to TRC ca TRS st TSF tra VOT vo | ndio airtime and production sturned contributions ampaign workers salaries v. or cable airtime and pro andidate travel, lodging an aff/spouse travel, lodging | duction costs d meals (explain) and meals (explain) s of the same candidate/s |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUND PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
| eenwoods Collection | OFC | 53.61 | (53.61) | 0.00 | |
| | | | | | |
| · | | | • | | |
| ive Station | POS | 22.50 | (22.50) | 0.00 | 0.00 |
| 5. Postmaster | | | | | |
| 5. FOSCINGSCEI | POS | 370.00 | (370.00) | 0.00 | 0.00 |
| | | | · | | |
| | SUBTOTALS \$ | 446.11 | \$ (446.11) | \$ 0.00 | \$ 0.00 |
| nedule F Summary | | | | . 5.50 | - 0.00 |
| Total accrued expenses incurred this period. (Include crued expenses of \$100 or more, plus total uniternized | all Schedule F, Column (b) | subtotals for paymer | nts for | | ×. |
| Total accrued expenses paid this period. (Include all crued expenses of \$100 or more, plus total unitemized | Schedule E. Column (a) auto | må m | | | (440111) |
| Net change this period. (Subtract Line 2 from Line 1. Indicate the Summary Page, Column A, Line 9.) | Enter the difference have | | | • | 0,00 |
| | | *************************************** | ************************ | NET \$ | (446.11) |

SUBTOTAL \$

652.47

| Schedule G Payments Made by an Agent or Indepen | dent | | | | Statement o | covers period | CALIFORNIA / | DULE G |
|---|---|--|---|-------------|---|--|--------------|--------------------|
| Contractor (on Behalf of an Officeholder | | | from01 | /01/2005 | FORM 2 | UU | | |
| Candidate) NAME OF FILER Bill Campbell, Bill Campbe | ell for | Super | vigor | | through 06 | /30/2005 | Page 13 of _ | 14 |
| • | 101 | Dupci | VISOI | | | | I.D. NUMBER | |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR: | | | | | · · · | | 1243639 | |
| Bill Campbell | | | | | | | | |
| CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MTG m OFC of PET p PHO pf POL p POS pt PRO pf | eetings and lifice expens- stition circuli- hone banks olling and su ostage, delive | munications I appearances es ating Irvey research /ery and messenger service iervices (legal, accounting) | s : | RFD SAL TEL TRC TRS TSF VOT | candidate travel, ic staff/spouse travel, transfer between c voter registration | ions | in) ndidate/spo |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER | | | | | | | | |
| AT&T | | CODE | OR | DESCRIPTION | OF PAYMENT | | AMOUNT P | AID |
| | | OFC | | • | | | | 1.31 |
| American Express | | Pog | | | | | | |

| | 1.3 |
|-----|----------|
| | |
| POS | 22.5 |
| | |
| OFC | 407.33 |
| | |
| OFC | 221.33 |
| | |
| | POS OFC |

| Schedule G (Continuation Sheet) | | | SCHEDULE G (cont.) | | | |
|---|---------------------------------------|--|--|------------------------------|--|--|
| Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholde | | CALIFORNIA / | | | | |
| Candidate) | er o r | | 1011 | | | |
| NAME OF FILER Bill Campbell, Bill Camp | bell for Supe | Tvisor | through 06/30/2005 Page | | | |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR: | - | | į | NUMBER | | |
| Bill Campbell | | | | 243639 | | |
| | • | | | | | |
| CODES: If one of the following codes accurately des | scribes the paymer | nt, you may enter the code. Oth | erwise, describe the payment. | | | |
| NS campaign consultants TB contribution (explain nonmonetary)* | MTG meetings a | mmunications nd appearances | RAD radio airtime and product | ion costs | | |
| VC civic donations L candidate filing/ballot fees | OFC office expenses PET petition circ | nses | RFD returned contributions SAL campaign workers salarie | 26 | | |
| ND fundraising events | PHO phone bank | (S | I EL 1.v. or cable airtime and n | roduction asses | | |
| ID independent expenditure supporting/opposing others (explain)* EG legal defense | POS postage, de | survey research livery and messenger services | TRC candidate travel, lodging staff/spouse travel, lodging travel, lodging | O and mania () | | |
| T campaign literature and mailings | PRO professiona PRT print ads | I services (legal, accounting) | VOT voter registration | ees of the same candidate/sp | | |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER | | | WEB Information technology ∞ | sts (internet, e-mail) | | |
| | COD | E OR DESCR | | | | |
| reenwoods Collection | LI | DESCR | RIPTION OF PAYMENT | AMOUNT PAID | | |
| | j | | | 533.61 | | |
| | | | | · | | |
| outhwest Airlines | | | | • | | |
| outhwest Affilines | TRO | T TOPUDITION LEADERS | Dinner - | | | |
| | | Traver by: Bill Cam | nhall | 201.90 | | |
| | 1 | 04/18/2005-04/19/20 | 05 to | 1 | | |
| oliday Inn | | | | | | |
| | TRO | Republican Leaders | | | | |
| | | | Dinner - | | | |
| | 1 | I Travel by: Bill Camr | nhell | 180.70 | | |
| | | Travel by: Bill Camp 04/18/2005-04/19/200 | nhell | 180.70 | | |